



James E. McGreevey
Governor

State of New Jersey
Department of Community Affairs
Division of Housing and Community Resources
Housing Affordability Service

Susan Bass Levin
Commissioner

Preliminary Application

The New Jersey Fair Housing Act (P.L. 1985, c.222) was enacted by the State Legislature to increase the supply of affordable housing available to households whose total gross annual incomes fall below 80% of an authorized median income guideline.

The New Jersey Department of Community Affairs, *Housing Affordability Service* (HAS), has established procedures to assist municipalities with low- and moderate-income housing controls.

HAS does not develop or construct affordable housing units. HAS markets affordable units. Only when units are almost ready for occupancy will HAS contact those households whose family size and income are suitable for specific units. HAS does not guarantee housing.

Affordable housing units are subject to price restrictions and occupancy eligibility standards for limited time periods. In nearly all instances, rents and resale prices will be controlled through a system of adjustment based on measured changes in median income levels. Households who buy or rent an affordable unit are required to use this unit as their primary residence.

All applications for affordable housing are accepted in accordance with any applicable equal housing opportunity law.

Some municipalities have chosen to administer their own affordable housing programs. Information about these programs can be obtained through municipal affordable housing offices.

Applicant Notification Of Eligibility Or Ineligibility

Basic eligibility is determined by gross annual household income. Income includes, but is not limited to, salary or wages (including regular overtime), alimony, child support, social security benefits, pensions, business income, and actual or imputed earnings from assets (which include bank accounts, certificates of deposit, stocks, bonds, or other securities), and real estate.

Individuals who are currently receiving welfare assistance, SSI, Social Security, other benefits or minimum wages are usually in a very low income category that is **below** 35% of the median income. Although these applicants may be income qualified, most affordable housing units being developed require a greater household income that can support an average rent or mortgage. **Therefore, it is unlikely that**

housing will be available from this program, to these individuals. Applications indicating a total household income below 30% of the area median will be added to our statewide Reserve List in case suitable housing is available within a limited period not to exceed two and one-half years.

Complete and accurate income information is essential. Within 6-8 weeks after this office has received your Preliminary Application, you will be sent a **NOTICE OF RECEIPT**. If you do not, you may contact HAS at the telephone number provided. Following the initial **NOTICE**, applicants may not be contacted again **until** a unit is available for that family size and ability to pay.

Approximately one year after the initial application date you may receive an **UPDATE NOTICE FOR AFFORDABLE HOUSING REFERRAL LIST**. The Update lists household information currently on the HAS computer for applicants to correct or update information. Even if no changes are necessary, the form must be returned to HAS. If your income, family size, address, telephone number, employment, or other important facts change at any time, please inform **HAS in writing** of such changes. Only if HAS has correct information about your household can you be informed of a suitable unit.

Once an applicant is placed on the referral list or reserve list it is not possible to predict if units that meet their housing needs within our guidelines will become available. Therefore, we cannot indicate to applicants when they may be contacted for housing.

Certification

When an affordable housing unit is nearly completed and ready for occupancy, applicants who have responded to a **NOTICE OF AVAILABILITY** will be contacted by HAS to schedule an interview for certification. At this interview, every household member 18 years of age or older who will live in the affordable unit will be required to document all income and other household information. Credit background reports are required and will be performed. Only those households that have received certification will be referred to the municipality, developer, seller or landlord for final consideration.

Applicants seeking to purchase a home must be able to qualify for a mortgage and have the ability to make a reasonable down payment at the time of purchase. Applicants seeking to rent a unit must be able to make the required security deposit of up to one and one-half times the amount of one month's rent.

DO NOT submit an application if you are already enrolled on our referral or reserve list.

Please DO NOT forward any documents (tax forms, pay stubs, bank statements, etc.) with this application.

To better assist you with obtaining housing, it is possible that applicant information may be shared with other agencies offering housing opportunities.

Instructions For Completion Of Preliminary Application

◆ Please Read Instructions Carefully ◆

In completing this application, you should allow for one letter per block and skip a space between names or words (See example below). If you find that you need extra space or wish to provide a more detailed explanation, use the reverse side. For instance, if you are disabled and require accessibility features in your housing unit, please add an explanation.

DO NOT submit an application if your household is already enrolled on our Referral List or if you have sent an application to this office within the past 6 to 8 weeks. Submission of a duplicate form will **DELAY** processing. You may check your status by calling **609-292-9795** or **609-984-3380**. If you are on the list and wish to change some information you gave previously, send a brief letter with your social security number and/or applicant file number along with the new information.

EXAMPLE:

D	O	E		J	O	H	N		P	
---	---	---	--	---	---	---	---	--	---	--

- 1** Provide your full name, **LASTNAME FIRST**, then first name and, middle initial, if any. Provide your complete street address and apartment number, where applicable. Complete the city, state and zip code blocks. Fill in telephone numbers where you can be reached at home and at work. Provide a mailing address such as a P.O. Box number if it is different from the home address. Identify the county in which you currently live. For assistance in locating appropriate housing, please indicate if you are 62 years of age or older or have a verifiable physical disability or have a family member in need of special handicapped housing. (For statistical purposes only, we are requesting that you identify your racial or ethnic heritage). Fill in your Social Security number.
- 2** List each household member who will occupy the **new** housing including **yourself as head of household**. Name their relationship to you, such as: husband, wife, son, daughter, friend, mother. Give each date of birth, sex (M or F) and an estimate of the **current gross annual income** from all sources (other than assets) such as: wages or salaries (including regular overtime), tips, alimony, child support, benefits and pensions for each family member 18 years of age and over. Complete, accurate and current income information is essential for an eligibility determination. If your household has more than 8 members, please list on reverse side of application about each additional member. (Only in rare instances can households with more than 8 members be accommodated.)
- 3** List all household assets by naming the type of asset, such as checking or savings account, certificate of deposit, stocks, bonds, business or real estate. Provide the current principal or market value, the estimated annual income and/or the current annual interest rate as it applies to each listed asset. If you own a house, **indicate the amount you expect to receive from a sale after paying off your mortgage as current market value**.
- 4** Provide employer's name and address. Please include the one-way commuting mileage from your present address to your work location and the number of years worked for this employer. If receiving unemployment, welfare, social security, or disability, indicate this in the blocks provided for employer's name. Indicate full- or part-time employment. For additional employment information, use reverse side of application.
- 5** Answer the questions about your present housing conditions, and rate the condition of the major systems in your unit. In rating your present housing, use a sliding Scale of 1 - 5, with a score of 1 as "not functioning at all," and 5 as "excellent."
- 6** Please check the type of unit, either rental or purchase, for which you are applying. If you do not have a specific preference, indicate *No Preference*. Indicate the number of bedrooms you would **prefer** to have in your unit. Applicants have priority for housing in the area (region) where they currently live or work. If you prefer a region(s) other than where you now live, you may indicate your request(s) under section 6c. The six regional numbers and counties are listed below. If you are requesting housing in a specific town or development, indicate the name. Applicants who live or work in New Jersey have priority.

Counties Within Region	Region #
Bergen, Hudson, Passaic, Sussex	1
Essex, Morris, Union, Warren	2
Hunterdon, Middlesex, Somerset	3
Mercer, Monmouth, Ocean	4
Burlington, Camden, Gloucester	5
Atlantic, Cape May, Cumberland, Salem	6

- 7** **YOU MUST SIGN AND DATE YOUR APPLICATION. UNSIGNED AND INCOMPLETE APPLICATIONS ARE NOT ACCEPTABLE AND WILL BE RETURNED AS INELIGIBLE.**
- 8** Make a copy and save for future reference. **Filing of Duplicate Application** is **unnecessary and will not increase your chances for housing**. Return the original, **completed** application to:

New Jersey Department of Community Affairs
Housing Affordability Service
PO Box 806, 6th Floor
Trenton, New Jersey 08625-0806
Telephone: (609) 292-9795 or (609) 984-3380

Please Do Not Send More Than One Application Unless Requested By HAS

Assets

APPLICANT NAME (Last name first, first name, middle initial)

SOCIAL SECURITY #HOME ADDRESSHOME TELEPHONECITYSTATECOUNTYMAILING ADDRESS OR P.O. BOX NUMBER (only if different than above)CITYZIP CODE

RACIAL/ETHNIC DESCRIPTION (Check appropriate description. *For statistical purposes, only.*)

- ☐ WHITE (1) ☐ AFRICAN AMERICAN (2) ☐ NATIVE AMERICAN (3) ☐ ASIAN (4) ☐ OTHER (9) _____
- ☐ HISPANIC ☐ AGE 62 & OVER ☐ HANDICAPPED/DISABLED (Check if applying for special housing.)

b. Monthly Housing Costs

Rent \$ _____ Mortgage \$ _____

c. Do you receive tenant-based Section 8? ☐ Yes ☐ No

d. Number of bedrooms _____

e. Number of household members_____

f. Is unit shared by more than one family? ☐ Yes ☐ No

f. Is unit shared by more than one family? ☐ Yes ☐ No

g. Do you have a private entrance? ☐ Yes ☐ No

h. Do you have exclusive use of the bathroom? ☐ Yes ☐ No

h. Do you have exclusive use of the bathroom? ☐ Yes ☐ No

i. Do you have exclusive use of the kitchen? ☐ Yes ☐ No

i. Do you have exclusive use of the kitchen? ☐ Yes ☐ No

j. On a scale of 1-5, with 1 as **not functioning at all** and 5 as **excellent**,

Please rate the following facilities:

	1	2	3	4	5
PLUMBING					

HEATING	1	2	3	4	5
---------	---	---	---	---	---

ELECTRIC	1	2	3	4	5
----------	---	---	---	---	---

ROOF	1	2	3	4	5
------	---	---	---	---	---

k. Do you have sufficient hot water? ☐ Yes ☐ No

k. Do you have sufficient hot water? ☐ Yes ☐ No

6 PROPOSED HOUSING

a. Do you wish to ☐ Rent ☐ Own ☐ No Preference

b. Number of bedrooms preferred_____

c. Indicate preferred region No(s) (See #6 of instructions)

A) _____ B) _____ C) _____

d. Are you applying for a specific development? ☐ Yes ☐ No

If yes, name: _____

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

7

APPLICANT SIGNATURE

DATE _____

**Please allow for a processing time of 6 to 8 weeks
after application is received in this office.**

USE THIS SIDE FOR ADDITIONAL INFORMATION

If a town/area you are interested in is NOT on our listing, that town may have its own local affordable housing program and you should contact that municipality directly for marketing information.